



Wisconsin Department of Public Instruction
CHILD AND ADULT CARE FOOD PROGRAM
REIMBURSEMENT CLAIM
(After School Hours Care Site and
Emergency Shelter Components)
PL 95-627
PI-1489-B (Rev. 04-03)

INSTRUCTIONS: Complete three copies. Retain one copy for your files.
Submit **original** and **one copy no later** than the **15th** of the month following
the month covered by the claim to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841

Agreement No.	Month	Year	Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a special exemption is granted by the USDA.
Sponsoring Agency		Address Street, City, State, ZIP	Telephone Area/No.

I. CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA		
---	--	--

	After School Hours Care Site(s)	Emergency Shelter(s)
1. Total Enrollment		
2. Total Residential Children		

II. PARTICIPATION DATA		
-------------------------------	--	--

	After School Hours Care Site(s)	Emergency Shelter(s)							
		Snacks	Breakfasts	AM Snacks	Lunches*	PM Snacks	Suppers*	Additional Snacks	Total
3. Number of Sites									
4. Number of Days of Service									
5. Average Daily Attendance									
6. No. of Snacks Served to Eligible Children									
7. No. of Meals Served to Eligible Children									

III. CERTIFICATION		
---------------------------	--	--

I CERTIFY, to the best of my knowledge, this claim is true and correct in all respects; that records are available to support this claim; that it is in
accordance with the terms of existing agreements(s); and that payment, therefore, has not been received.

Signature of Authorized Representative	Title	Date Signed

DPI USE Only		
Meal Reimbursement	Commodity	TOTAL
\$	\$	\$
Voucher Number	Date of Check	

* Cash in lieu of commodities will be paid on these meals.

Collection of this information is
a requirement of PL 95-627.